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Country programme outline for the Democratic People's Republic of Korea*

Proposed UNFPA assistance:	$3.8 million: $3.3 million from regular resources and $0.5 million through co-financing modalities and/or other, including regular, resources
Programme period:	3 years (2004 – 2006)
Cycle of assistance:	Fourth
Category per decision 2000/19:	C

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	3.15	0.50	3.65
Programme coordination and assistance	0.15	-	0.15
Total	3.30	0.50	3.80

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

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I. Situation analysis

1. Until the late 1980s, the Democratic People's Republic of Korea was part of a group of centrally planned economies. Since then, it has made significant progress and has met the thresholds related to the goals of the International Conference on Population and Development (ICPD). As a result, it has been designated a category "C" country under the UNFPA resource allocation system.

2. The economy suffered greatly during the 1990s. Food shortages, natural calamities and the degradation of the health system led to a reversal in women's health, including their reproductive and nutritional status. Although international cooperation through the United Nations Consolidated Appeals Process (CAP) helped to prevent further deterioration of the situation, the status of women's health remains critical.

3. According to official statistics from the Ministry of Public Health, the maternal mortality ratio increased from 54 maternal deaths per 100,000 live births in 1993 to 97 in 2001. Similarly, the infant mortality rate increased from 14 infant deaths per 1,000 live births in 1993 to 23 in 2001. Average life expectancy at birth has decreased for females from 75.2 years in 1995 to 70.9 years in 2000, and from 67.6 years to 63.0 years for males. Maternal malnutrition and anaemia affect a third of the maternal population. While the proportion of births attended by skilled health personnel remains at about 97 per cent, training and essential medical supplies are needed in order to reduce maternal deaths.

4. The estimated population of the Democratic People's Republic of Korea in 2000 was 23 million. With an annual population growth rate of 0.9 per cent in 1998, the population of the country is estimated to reach about 28 million in 2050. The total fertility rate was estimated at 2.03 births per woman in 2001, with little change observed from the previous five-year period. The country recently embarked on a series of activities to inform the public about HIV/AIDS prevention.

5. Although the Democratic People's Republic of Korea does not have an explicit population policy or programme, it is among the countries that have endorsed the ICPD Programme of Action, the Programme of Action of the World Summit for Social Development and the Convention on the Elimination of All Forms of Discrimination against Women. It reaffirmed its commitment to the ICPD Programme of Action at the Fifth Asian and Pacific Population Conference held in Bangkok, Thailand, in December 2002.

6. The first common country assessment (CCA) in the Democratic People's Republic of Korea was drafted in 2002, and the United Nations Development Assistance Framework (UNDAF) is expected to be completed in 2003. In conjunction with the CCA/UNDAF, the CAP aims to strengthen the coordination of humanitarian and development assistance. UNFPA can make a significant contribution to improving the quality of basic social services and to ensuring the availability of reliable reproductive health data and information to monitor national and international goals, including the Millennium Development Goals.

II. Past cooperation and lessons learned

7. UNFPA has had three programmes of assistance in the Democratic People's Republic of Korea since 1985. During the first two programmes, UNFPA support focused on maternal and child health, family planning, and population and development, including assistance to the first census.

8. During the third cycle of assistance (1998-2003), UNFPA support was used to improve the reproductive health status of women and men in three provinces – North Pyongan, Pyongyang City and South Hwanghae – especially through increased reproductive health knowledge for the general public, factory workers and cooperative farm workers.

9. The development of standard guidelines on reproductive health, which were subsequently adopted as national guidelines for service delivery, is one of the most significant achievements of the previous programme. Improvements in service delivery were reflected in an end-of-programme survey conducted in 2002 in the three provinces that received UNFPA assistance. The survey estimated the maternal mortality ratio in those provinces at 87 per 100,000 live births and the infant mortality rate at 21 per 1,000 live births. The survey also found that the contraceptive prevalence rate for modern methods had increased to 58 per cent in 2002, up from 52 per cent in 1997. These improvements occurred despite a deterioration in the basic health system during that period.

10. In addition to the regular programme, UNFPA provided the Democratic People's Republic of Korea with $214,000 in emergency assistance in 2001. That grant included $100,000 from regular resources and $114,000 from the Netherlands.

III. Proposed Programme

11. The proposed programme was developed in close consultation with the Government, non-governmental organizations (NGOs), United Nations organizations and donor agencies. It incorporates the recommendations of the midterm review, annual programme reviews and the programme formulation mission of February 2003.

12. Based on the conclusions of the draft CCA, the main focus of the proposed programme is to: (a) reduce maternal mortality through the provision of reproductive health services; (b) improve access to essential reproductive health commodities by harmonizing donor efforts for commodity provision and logistics management; and (c) enhance capacity for data collection and analysis in order to better monitor the delivery of health services. The programme also complements two of the health-sector objectives of the 2003 CAP.

13. The proposed programme will be harmonized with that of the United Nations Children's Fund (UNICEF). The goal of the programme is to contribute to improving the quality of life of the people of the Democratic People's Republic of Korea through better reproductive health. The outcome of the programme is to contribute to increased utilization of high-quality reproductive health services by women and men. The interventions will be aimed at district-level primary health care clinics (*ri*

clinics), and will also strengthen referral services at the county level. All activities will be undertaken in accordance with the principles and objectives of the ICPD Programme of Action.

14. The activities of the third country programme focused on the south-western part of the country. The proposed programme activities will be implemented in the western province of South Phyongan and in the eastern provinces of Kangwon and South Hamgyong, which were identified as the most vulnerable areas in the draft CCA. The two eastern provinces are mountainous, prone to floods and drought, and have limited arable land. The maternal mortality ratio in these provinces is higher than the national average.

15. The proposed programme will have one subprogramme – reproductive health – and four outputs.

16. Output 1: Increased availability for women and men of a basic reproductive health package comprising high-quality maternal and neonatal health care, family planning information and services, and prevention and treatment of reproductive tract infections and sexually transmitted infections (STIs). This output will be achieved by providing a basic package of reproductive health services to selected *ri* clinics and county hospitals in the intervention areas. Safe motherhood interventions will focus on the provision of skilled care during pregnancy, labour, delivery and the postpartum period for deliveries that occur at home and at health facilities. The technical capacity of service providers in safe motherhood, family planning, emergency obstetric care, and the prevention and treatment of reproductive tract infections and STIs will be strengthened. Informed choice, interpersonal communication skills and counselling will be emphasized. Referral services will be strengthened. The standard guidelines on reproductive health will be further modified for service provision at county and primary health care levels. The programme will strengthen offices at all levels that are responsible for programme training, monitoring and supervision.

17. Output 2: Increased knowledge and awareness among women, men and youth of reproductive health, reproductive rights and gender issues, including safe motherhood, family planning and the prevention of unwanted pregnancies, HIV/AIDs and STIs. This output will be achieved by developing a behaviour change communication strategy and by enhancing the community's ability to provide information on reproductive health. In addition, information, education, and communication (IEC) materials produced under the previous programme will be reviewed to address reproductive health and rights, and gender equality and equity. The programme will also improve the distribution and utilization of materials at the grass-roots level. Technical assistance will be provided to upgrade capacity in: (a) developing appropriate IEC materials; (b) evaluating the impact of IEC activities; and (c) providing effective outreach.

18. Output 3: Increased availability of contraceptives and other reproductive health commodities. In order to strengthen national capacity in reproductive health commodity security, reproductive health commodities will be provided in accordance with the standard guidelines on reproductive health. UNFPA will collaborate with all partners in achieving

reproductive health commodity security, including developing technical resources for essential drug lists, product standards and quality-assurance procedures. The UNFPA country office will organize technical meetings to discuss procurement and implementation plans and a common health logistics system. The requirement for reproductive health commodities will be included in the CAP.

19. Output 4: Increased national capacity to generate and analyse health data, particularly reproductive health data. One of the key challenges identified in the CCA is capacity-building in the field of statistics. The proposed programme will assist the Government in integrating reproductive health indicators into the existing health management information system. The national capacity to collect and utilize quantitative and qualitative data for programme monitoring and evaluation will be strengthened. The programme will collaborate with other United Nations agencies, such as the World Health Organization (WHO) and UNICEF, to develop a system to generate high-quality data in a timely manner.

IV. Programme management, monitoring and evaluation

20. The national coordinating committee for UNFPA, chaired by the vice-minister of the Ministry of Foreign Affairs, will continue to assume overall responsibility for coordinating the implementation of the programme.

21. Because the country has limited experience in the national execution of projects, United Nations agencies and/or international NGOs will be identified for this purpose. Cooperation with other partner agencies, especially with WHO, in distributing reproductive health commodities, will be explored. UNFPA will continue to procure contraceptives, drugs and supplies.

22. Programme implementation will be monitored and evaluated using a results-based approach, in accordance with established UNFPA guidelines and procedures. All activities and component projects will be monitored by the national coordinating committee, the executing and implementing agencies, and the UNFPA country office through field visits, interviews, and the use of qualitative and quantitative indicators, including those delineated in the results and resources framework. The country office in China will monitor progress in programme implementation and will undertake regular and systematic reviews of the monitoring system. Annual programme reviews, a midterm review and a final evaluation will also be conducted.

23. The UNFPA office in Pyongyang consists of a non-resident UNFPA Country Director based in Beijing, a national programme officer, a United Nations volunteer and support staff. The UNDP Resident Representative serves as the UNFPA Representative. An additional United Nations volunteer who will provide in-country technical support will be recruited. The UNFPA Country Technical Services Team in Bangkok, Thailand, will provide technical backstopping.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR THE DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

UNDAF Objective 1: The UNDAF is expected to be completed in 2003.				
UNFPA Goal	**Outcome**	**Indicators**	**Outputs and Key Indicators**	**Resources**
To contribute to improving the quality of life of the people of the Democratic People's Republic of Korea through better reproductive health Goal indicators: • Maternal mortality ratio reduced to 87 per 100,000 live births in 2006, from 97 per 100,000 in 2001 • Infant mortality rate reduced to 19 per 1,000 live births in 2006, from 23 pr 1,000 in 2001 • Total fertility rate sustained at the level of 2.0 per woman	*[Reproductive health subprogramme]* To contribute to increased utilization of high-quality reproductive health services by women and men	• Anaemia among women reduced from 34% in 2002 to 25% in 2006 • Prevalence of low birth weight reduced from 7% in 2002 to 5% in 2006 • Births assisted by skilled attendants sustained at 97% • Contraceptive prevalence rate for modern methods increased from 56% in 2001to 58% in 2006 • Condom use among family planning users is at least 2% in 2006 • Unmet need for family planning is not more than 17% in 2006	**Output 1: Increased availability for women and men of a basic reproductive health package comprising high-quality maternal and neonatal health care, family planning information and services, and prevention and treatment of reproductive tract infections and sexually transmitted infections (STIs)** Output indicators: • At least 80% of doctors and 60% of midwives provide services according to state guidelines • At least 50% of *ri* clinics provide three modern family planning methods • At least 75% of pregnant women receive iron and folic acid supplements during pregnancy **Output 2: Increased knowledge and awareness among women, men and youth of reproductive health, reproductive rights and gender issues, including safe motherhood, family planning and the prevention of unwanted pregnancies, HIV/AIDs and STIs** Output indicator • At least 70% of both men and women correctly identify two ways of preventing the transmission of HIV **Output 3: Increased availability of contraceptives and other reproductive health commodities** Output indicator • A logistics management system is set up and functional **Output 4: Increased national capacity to generate and analyse health data, particularly reproductive health data** Output indicator Reproductive health indicators are integrated into the existing he management information system	$1 million from regular resources 0.3 million from regular resources $1.85 million ($1.35 million from regular resources and $0.5 million from other resources) $0.5 million from regular resources **Programme coordination and assistance:** $0.15 million from regular resources